

Return by: April 30, 2005

Return to:

State of Wisconsin  
Department of Natural Resources

**Recycler Id:**

**2004 ANNUAL REPORT RECYCLING PROGRAM  
ACCOMPLISHMENTS AND ACTUAL COSTS**

Form 4400-182

Rev. 12-04

Responsible Unit (RU)	County	Municipal Code	RU Population
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NOTICE: This form is authorized by s. NR 544.10 and s. NR 542.09(3), Wis. Adm. Code. Completion of this form is **mandatory**, except for information denoted as optional, for continued conditional approval of a responsible unit's recycling program and for retention of the «RPTYEAR» recycling grant for responsible units that are grantees. Personally identifiable information will be used for program administration and must be made available to requesters as required by Wisconsin Open Records law [s. 19.31-19.39, Wis Stats].

**CONTACT INFORMATION**

Authorized Representative	Contact Person
Title	Title
Telephone Number <b>Indicate Best Time to Call</b>	Telephone Number <b>Indicate Best Time to Call</b>
Mailing Address – Street, Route, or PO Box	Mailing Address – Street, Route or PO Box
City, State, Zip Code	City, State, Zip Code
<b>Email address</b>	<b>Email address</b>

**SECTION A : CONDITIONS OF APPROVAL**

Have there been any changes to your recycling program, in 2004? ☐ Yes ☐ No

If yes, summarize the changes you have made to  
your recycling program :

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**SECTION B : RECYCLING ORDINANCE**

Have there been any changes to your recycling ordinance, in 2004? ☐ Yes ☐ No

If yes, summarize the changes that have been made  
to your ordinance:

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Were any of the following actions taken to enforce your ordinance, in 2004?

MARK ALL THAT APPLY:

Verbal Warnings: ☐ Yes ☐ No  
Citations Issued: ☐ Yes ☐ No

Written Warnings: ☐ Yes ☐ No

**SECTION C : COLLECTING OF RECYCLABLES FOR 1 - 4 UNIT RESIDENTIAL HOUSING**

Choose the primary collection method for the recyclables listed in Figure 1 on the next  
page of this report (check both boxes for a mixed collection system):

☐ Curbside ☐ Drop Off

**SECTION D : WEIGHTS OF RECYCLABLES COLLECTED**

In Figure 1, 1 - 4 Residential Unit Weights are required (single and 2 - 4 family residences). If recyclables are collected from multi-family residential housing (5 or more residential units), you may report these in the 5 or more Residential Unit Weights column, and add them to the 1 - 4 Residential Unit Weights to determine your Combined Residential Weights. You have the option to use the Combined Residential Weights to determine compliance with the Table 1 Standard (Chapter NR. 544., Wis. Adm. Code).

<b>Figure 1</b>		<b>2004</b>	<b>5 or more Residential Unit Weights (optional)</b>	<b>Combined Residential Weights</b>
<b>Recyclable Materials</b>	<b>1 - 4 Residential Unit Weights</b>			
Newspaper		Tons	Tons	
Magazines		Tons	Tons	
Corrugated Paper		Tons	Tons	
Aluminum Containers		Tons	Tons	
Steel & Bi-metal Containers		Tons	Tons	
Glass Containers		Tons	Tons	
Plastic Containers (all):		Tons	Tons	
<b>Co-mingled Categories: (Only report weights below if collection is co-mingled and weights can not be reported separately)</b>				
Paper		Tons	Tons	
Containers		Tons	Tons	
Paper and Containers		Tons	Tons	
<b>TOTAL WEIGHT</b>		Tons	Tons	Tons

**DETERMINING COMPLIANCE WITH TABLE 1 (CHAPTER NR 544, WIS. ADM. CODE) COLLECTION STANDARDS**

Our records indicate that your population density meets the municipality definition of:

Your collection standard for Table 1 is

**Pounds per capita calculation:**

(you have the option to use Combined Residential Total Weight if you reported > 5 or more Residential Unit weights)

TOTAL WEIGHT multiplied by 2000 and then divided by = \_\_\_\_\_ pound per capita.

**Did you meet the collection standard of Table 1?** ☐ Yes ☐ No

“Yes”? Complete the rest of the annual report. Do NOT complete **Request for Exemption to Collection Standard**.(page 6)

“No”? Complete the rest of the annual report **AND** complete and submit the **Request for Exemption to Collection Standard** (page 6)

**SECTION E : COLLECTING, PROCESSING AND MARKETING OF RECYCLABLES FOR 1 – 4 RESIDENTIAL UNIT HOUSING****1. How are recyclables collected and transported?**

MARK ALL THAT APPLY:

- a. ☐ RU provides service (municipal service) c. ☐ RU contracts with a private hauler service
- b. ☐ Individual households contract with private hauler service d. ☐ Residents provide own transportation of recyclables to a collection site (e.g. drop off center)

If you checked (b) and (c) indicating service is provided through hauler contract service(s), does ☐ Yes ☐ No your Responsible Unit have a licensing agreement with the hauler(s):

**2. Materials Recovery Facility (MRF)**

Using the attached list of MRFs, enter the ID(s) of the MRF(s) that process and market your recyclables in the boxes provided.

ID #	ID #	ID #	ID #
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If you cannot identify your MRF from the attached list, enter the full MRF Name and Address here.

Name:

(If there are more than one, attach an additional sheet.)

Located at (address):

City: State: Zip: Phone:

Municipal Code:

**SECTION F : OUTREACH TO MULTI-FAMILY RESIDENCES AND NON-RESIDENTIAL FACILITIES / PROPERTIES****MARK ALL THAT APPLY:**

1. Does your responsible unit contain→	<u>Multi-Family Residences?</u>	<u>Non-Residential Facilities &amp; Properties</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If you answered yes in Question 1 under either column, did you provide informational materials to:	<u>Owner/Designated Agent:</u>	<u>Business Owners:</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If you answered yes in Question 2, did you provide any of the following activities:		
a. Newspaper ads:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Radio ads or public service announcements:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Direct mailings:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Facility Inspections:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Other (please specify):		

**SECTION G : OUTREACH TO RESIDENTS TO ENCOURAGE OPPORTUNITIES TO REDUCE, REUSE, OR RECYCLE****MARK ALL THAT APPLY:**

Did you provide outreach to residents to encourage waste reduction, reuse or recycling:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, skip the questions below and continue to Section H.	
If yes, were any of the informational materials listed below provided to residents?	
Newspaper ads:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radio ads or public service announcements:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Direct mailings:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitoring of collection at curbside or drop-off facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify):	

**SECTION H : WASTE REDUCTION AND REUSE EFFORTS****MARK ALL THAT APPLY:**

Did you provide waste reduction and reuse efforts:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, skip the questions below and continue to Section I	
Responsible Unit operated a yard waste compost facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential yard waste compost information provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waste reduction and reuse informational materials provided ( includes information provided individually, or in newspaper ads, radio ads, public service announcements, and direct mailings):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible Unit sponsored community yard sales:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify):	

**SECTION I: REPORT OF ACTUAL RECYCLING COSTS FOR GRANT PURPOSES****From Form 8700-227A, Actual 2004 Costs-Form 4A.****Costs Must have been incurred during 2004**

If you have questions on Section I, contact Candice Sovinski at (608)264-9207, Candice.Sovinski@dnr.state.wi.us.

A. Total costs of Recycling Programs (line 20)	
B. Ineligible Costs (line 21)	
C. Other deductible revenues (line 23)	
D. Revenue from sale of recyclables (line 24)	
E. Net eligible recycling and yard waste costs (line 26)	
F. Costs of handling yard waste (line 27)	

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**2004 OPTIONAL REPORTING**

Reporting weights of other recyclable materials and of Municipal Solid Waste (MSW) generated in your geographic area is optional. The Department encourages responsible units to report this information so that we can more accurately report on recycling activities in the state.

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<b>Collection Of Other Recyclable Materials</b>			
<b>Recyclable Materials</b>	<b>1 - 4 Residential Units Weights</b>	<b>5 or more Residential Units Weights</b>	<b>Combined Residential Weights</b>
Major Appliances			
Lead Acid Batteries			
Waste Tires			
Waste Oil (_____ # of gallons) gal./ton = _____ # of tons ÷ 260			
Yard Waste			
Foam PS Packaging			
Office Paper			
Mixed Paper (excluding newspaper, magazines and corrugated paper reported in Figure 1)			
Scrap Metal			
Textiles (used clothing)			
Electronics:			
Other, please specify:			
Other, please specify:			
Other, please specify:			
Other, please specify:			
Other, please specify:			
<b>TOTAL WEIGHT</b>			<b>TOTAL TONS</b>

<b>Municipal Solid Waste (MSW), not including recyclables, generated in Your Geographic Area</b>	<b>TOTAL TONS</b>
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**ADDITIONAL INFORMATION (See instructions for suggestions)**


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Municipal Code:

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**FINAL SECTION : ASSURANCES**

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The authorized representative of the responsible unit **MUST SIGN BELOW** indicating that:

- A. The responsible unit certifies the program is operating in accordance with its Conditional Effective Recycling Program Approval or if there have been changes, a description of those changes as described in this «RPTYEAR» Annual Report Form.
- B. The responsible unit agrees to comply with all applicable provisions of Chapter 287, Wis. Stats., and Chapters NR 544 and NR 542, Wis. Adm. Code.
- C. The responsible unit understands that failure to comply with any applicable provision of Chapter 287, Wis. Stats., or Chapters NR 544 and NR 542, Wis. Adm. Code, or the effective recycling program approval may result in termination of the responsible unit's effective recycling program approval; the prohibition of using solid waste disposal and solid waste treatment facilities located in the State of Wisconsin; and ineligibility for state recycling grants.
- D. The responsible unit certifies that in the management of its solid waste, it has, whenever possible and practical, followed the following priorities: 1) the reduction of the amount of solid waste generated; 2) the reuse of solid waste; 3) the recycling of solid waste; 4) the composting of solid waste; 5) the recovery of energy from solid waste; 6) the land disposal of solid waste; and 7) the burning of solid waste without energy recovery.

I hereby acknowledge that I am the duly authorized representative of the responsible unit and that, to the best of my knowledge and belief, the information contained in this report is correct, true and complete.

Print/Type Name of Authorized Representative	Signature of Authorized Representative	Date Signed

Municipal Code:

**COMPLETE THIS FORM IF YOU DID **NOT** MEET THE COLLECTION STANDARD IN SECTION D, Figure 1 of FORM 4400-182.**

NOTICE: Responsible units with recycling programs that do not meet the collection standard specified in s. NR 544.10 Wis. Adm. Code are required to complete this form to request an exemption. Completion of this form is **mandatory** for those responsible units. Failure to provide information requested may result in DNR terminating the conditional approval of a responsible unit's recycling program and denial of recycling grants. Personally identifiable information will be used for audits of programs, general outreach and targeted technical assistance, and is not intended to be used for other purposes.

**REQUEST FOR EXEMPTION TO COLLECTION STANDARD**

1. Our responsible unit was unable to meet the appropriate collection standard in Section D of the Annual Report because
  
  
  
  
  
  
  
  
  
  
2. Our responsible unit made the following efforts to meet the appropriate collection standard in Section D of the Annual Report.
  
  
  
  
  
  
  
  
  
  
3. Our proposal for improving collection in the following year is

I hereby acknowledge that I am the duly authorized representative of the responsible unit and that, to the best of my knowledge and belief, the information contained on this form is correct, true and complete.

Print/Type Name of Authorized Representative	Signature of Authorized Representative	Date Signed

For DNR Office Use Only:	<input type="checkbox"/> Approved; Date:	<input type="checkbox"/> Denied; Date:
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